

ELEGRAPHIC MESSAG	E		•				
NAME OF AGENCY		PRECEDENCE	SEC	SECURITY CLASSIFICATION			
	g kir mg Magai	ACTION:		•			
DHEW, PHS, HSMHA, RMPS		INFO:					
ACCOUNTING CLASSIFICATION		DATE PREPARED	TYI	TYPE OF MESSAGE			
3-3971015 7530321 23.6J FOR INFORMATION CALL		4/6/73	г	SINGLE			
NAME		PHONE NUMBER					
Cleveland R. Chambliss		31580	X	MULTIPLE-ADDRESS			
THIS SPACE FOR USE OF COMMUNICATION UNIT							
MESSAGE TO SOME AND							
MESSAGE TO BETRANSMITTED (Use double spacing and all capital letters) TO:							
MR. CHARLES W. CALDWELL COORDINATOR IOWA REGIONAL MEDICAL PROGRAM THE UNIVERSITY OF IOWA OAKDALE, IOWA OAKDALE, IOWA TO: MR. C. RAY MADDOX PROGRAM DIRECTOR, RMP OFFICE OF THE REGIONAL HEALTH DIRECTOR DHEW REGION VII FEDERAL OFFICE BUILDING 19th AND STOUT STREETS DENVER, COLORADO							
THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RMPS OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE IOWA REGIONAL MEDICAL							
PROGRAM. THE DECISIONS ARE AS FOLLOWS:							
The second that the second tha							
1. THE TERMINATION DATE FOR THE IOWA REGIONAL MEDICAL PROGRAM IS							
FEBRUARY 14, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS GRANT							
	FUNDS MAY BE EXPENDED.						
2. THE APPROV	2. THE APPROVED DIRECT COST IS NOW \$1,501,115 PLUS APPROPRIATE						
INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW							
APPROVED BUDGET PERIOD JANUARY 1, 1972 THROUGH FEBRUARY 14,							
1974.		,	SEC	URITY CLASSIFICATION			
3. FUNDS MAY	BE EXPENDED AFTER 6	/30/73 PAGE NO. N	O. OF PGS.				

PRECEDENCE ACTION: INFO: ACCOUNTING CLASSIFICATION FOR INFORMATION CALL NAME PHONE NUMBER SECURITY CLASSIFICATION SECURITY CLASSIFICATION SECURITY CLASSIFICATION SECURITY CLASSIFICATION TYPE OF MESSAGE SINGLE BOOK MULTIPLE-ADDRESS					
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THIS SPACE FOR USE OF COMMUNICATION UNIT					
Control of the state of the sta					
MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters) TO:					
FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:					
NUMBER TITLE					
#20 HUMAN ORGAN PROCUREMENT AND PRESERVATION					
#27 NORTH IOWA AREA HEALTH EDUCATION PROGRAM					
#32 HOSPITAL-BASED HOME HEALTH CARE PROGRAM					
#36 CATEGORIZATION OF EMERGENCY MEDICAL FACILITIES					
ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY					
CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.					
4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL.					
EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS					
SHOULD BE KEPT AT A MINIMUM.					
5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE					
SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES					
LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT					
ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS					
BY FEBRUARY 14, 1974.					
THE AROUS THEORYSTON AS NOT INTENDED TO BE AN ALL INCLUSIVE DESDONSE					
THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE SECURITY CLASSIFICATION					
TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS					
RETENTION, USE OF GRANT-RELATED INCOME, ETC. 2 3					

GRAPHIC MESSAGE						
Number OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION				
	ACTION:	·				
	INFO:	·				
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE				
ACCOUNTING CLASSIFICATION	POLE TABLANED					
FOR INFORMATION CALL		SINGLE BOOK				
NAME	PHONE NUMBER	MULTIPLE-ADDRESS				
THIS SPACE FOR USE OF COMMUNICATION UNIT	<u> </u>					
MESSAGE TO RE TRANSMITTER	(Use double spacing and all capital l	etters)				
TO:	, (O. WORDE SPECIAL S					
RATHER, IT REPRESENTS OUR JUDGMENT ABOU	JT THE BASIC DECISION	S NEEDED				
TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.						
ME EXPECT THAT YOU LITE HAVE OUTSTIONS	AND HE HOCE YOU TO C	ALL THE				
WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE						
GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE						
GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC						
DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED						
TO SUPPORT THE AMENDED AWARD NOTICE.						
ПУ	DOLD MADCHLIES M D					
	HAROLD MARGULIES, M.D. DIRECTOR					
	GIONAL MEDICAL PROGRA	MS SERVICE				
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1		SECURITY CLASSIFICATION				
	PAGE NO. NO. OF PGS					
	3 3					

STANDARD FORM 14 REVISED AUGUST 1967 GSA FPMR (41 CFR) 101-35.306